

Michigan Department of Education  
Office of Financial Management

Cash Management System (CMS)  
Security Access for Requesting Grant Funds and  
Reporting Final Expenditures

Recipient Code: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

**Step 1.** Name of the designated individual who is authorized to use the MDE Cash Management System to draw funds, report expenditure data, and assign internal security.

\_\_\_\_\_  
Name (type or print) Title

\_\_\_\_\_  
Email address Phone number

**Step 2.** Access the Internet and go to the following URL: [www.michigan.gov/meis](http://www.michigan.gov/meis)

**Step 3.** If you have an existing MEIS account, click on the USER MANAGEMENT link. Log in and verify that your account is still valid. If yes, skip to Step 5.

**Step 4.** If you have no account, click on the USER MANAGEMENT link. You will be instructed on how to create an account.

**Step 5.** Please enter your current or newly established MEIS account information below:

Designee's MEIS Account: \_\_\_\_\_

**Step 6.** For the designated individual (Recipient Certify Security):

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility. I further understand that by reporting expenditure data and requesting funds via the Internet, I am certifying that the expended amounts are correct and properly charged to the projects listed. All information I obtain from the grants system shall be used only in the proper conduct of my organization's business.

☐ New Designee

☐ Replacement Designee

\_\_\_\_\_  
Person being replaced

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
MEIS number of person being replaced

**Step 7.** For the Superintendent or Chief Operating Officer:

I attest that the above named individual is authorized to submit grant expenditure information and cash requests to the MDE and to assign security privileges to other individuals within this organization.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Superintendent

For Public School Academies, this signature needs to be the school board president  
For non-school organizations, this signature needs to be the chief operating officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type/Print name

\_\_\_\_\_  
Title

**Step 8.** Mail or fax this form to:

CMS-Help Line  
Office of Financial Management  
P.O. Box 30106, Lansing, Michigan 48909  
Fax #: (517) 241-0196 Phone: (517) 335-0534  
E-mail: MDE-CMS@michigan.gov